

NVAC WORKSHOP ON INTUSSUSCEPTION, ROTAVIRUS AND ORAL VACCINES

September 5-7, 2001
Key Bridge Marriott – Arlington, Virginia

General Registration Form

The information below will be used in the official program.
Please indicate the following as you wish it to be printed in this document. Please type or print clearly.

Name:		Degree(s):	
Title:			
Division or Dept.:			
Affiliation:			
Mailing Address:			
City/State/Zip:			
Daytime Phone: ()		Ext.:	Fax Number: ()
E-mail Address:			
<i>Please let us know if you have any disabilities requiring specific aids or services.</i>			
<i>Please let us know if you have any special dietary requirements (no meals will be provided, but we will convey this information to the hotel):</i>			
Registration fee: (must be enclosed – U.S. Currency ONLY)			
\$125 _____ received by August 22, 2001 \$150 _____ after August 22, 2001			
Make checks payable to IQ Solutions or complete credit card information below. Cancellation Policy: Refunds less a \$25 administration fee will be made on written requests received before August 22, 2001.			
Credit Card (Circle One): AMEX VISA Master Card		Expiration Date:	
Number:		Signature:	
Hotel Accommodations: The Key Bridge Marriott 1401 Lee Highway Arlington, VA 22209 (703) 468-1100			
To make your reservations, you may call the hotel directly, or Marriott Central Reservations at 1 800 228-9290. To guarantee availability at the conference rate, reservations must be made by August 17, 2001. Refer to the Intussusception Conference when making reservations. Conference rates apply 3 days before and 3 days after the conference. The single room rate is \$119 (plus taxes @ 9.75%) for government participants and \$125 per night (plus taxes @ 9.75%) for industry participants.			
Please return this form via fax or mail by August 17, 2001, to: Hope Levy Kott, IQ Solutions, 11300 Rockville Pike, Rockville, MD, 20852. Fax: 301 984-1473, E-mail: IROConf@iqsolutions.com			